



PREVENTABLE/AVOIDABLE EMERGENCY DEPARTMENT USE IN MASSACHUSETTS FISCAL YEARS 2004-2008

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This report answers three questions: 1) whether and to what extent Massachusetts emergency departments (ED) are being used to treat non-emergent conditions and/or conditions that could be treated in a primary care setting; 2) whether geographic, demographic, or socio-economic factors play a role in avoidable ED use; and 3) how Massachusetts' health reform law may have impacted avoidable ED use. These answers can help policymakers, health care providers, and others understand whether barriers exist to timely, effective primary and preventive care, and how best to address such challenges.

What is a preventable/avoidable ED visit and what are its implications?

An ED visit is considered preventable or avoidable if it is non-urgent (i.e., care was not required within 12 hours) or is urgent but the condition could have been treated in a physician's office (e.g., infant fever), or if the urgency of the condition leading to the visit could have been avoided with proper preventive/primary care (e.g., an asthma flare-up). Information on the use of EDs for treatment of conditions that are non-urgent or better suited to primary care can provide insight into the quality and accessibility of the primary care system in the patient's community. Detailed information on barriers to care at the community level can aid patient education efforts for different populations.

What is the volume and cost associated with preventable/avoidable ED visits? How has this changed over time?

- Nearly one-half of outpatient ED visits by Massachusetts residents were considered preventable or avoidable in 2008, amounting to more than \$514 million in health care costs¹.
- People who frequently use the ED (i.e., those with 5 or more ED visits in a year) make up 4% of ED users and account for 20% of total ED visits. Fourteen percent of preventable/avoidable ED visits and 35% of alcohol-related ED visits were made by frequent users².
- Outpatient ED visits increased 9% between 2004 and 2008. This increase was entirely due to an increase in preventable/avoidable ED visits, which increased 13% from 2004 to 2008.
- An increase in preventable/avoidable ED visits may not be surprising given expanded health care coverage under Massachusetts' health reform. Studies indicate that the uninsured make up a small proportion of ED visits and do not account for a larger share of avoidable ED visits. Reliance on the ED may instead be due to outpatient capacity constraints that may be exacerbated by the newly insured who have not yet established primary care relationships.

How does the rate of preventable/avoidable ED visits differ by patient demographic?

- Areas with "medically underserved populations" (MUPs), based on low income among residents, were found to be consistently associated with higher rates of preventable/avoidable ED use with the exception of Lowell. Lowell has a large Asian population, which is also correlated with low preventable/avoidable ED use.
- Hispanics and blacks experienced the highest preventable/avoidable ED visit rates per capita, exhibiting rates that were 2.5 times the rate of whites.
- The highest rates of preventable/avoidable ED visits were for infants and young children as well as for the young adult age group.

About DHC FP

The mission of the Division of Health Care Finance and Policy is to improve health care quality and contain health care costs by critically examining the Massachusetts health care delivery system and providing objective information, developing and recommending policies, and implementing strategies that benefit the people of the Commonwealth.

¹ Presumably some portion of these costs would still be incurred for the primary care visit alternative.

² Note that alcohol and substance abuse related ED visits are not counted in the preventable/avoidable category.